

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

TRUSTEES OF THE CHICAGO REGIONAL
COUNCIL OF CARPENTERS PENSION
FUND, et al.

V.

REHAB CONSTRUCTION SYSTEMS, INC.

CASE NUMBER: 08CV2513
JUDGE DARRAH
ASSIGNED JUDGE: MAGISTRATE JUDGE BROWN
DESIGNATED
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

REHAB CONSTRUCTION SYSTEMS, INC.
c/o Mary Steward, registered agent
3931 S. PRAIRIE
CHICAGO, IL 60653

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

DAVID P. LICHTMAN
Whitfield McGann & Kettermann
111 E. Wacker Drive, Suite 2600
Chicago, IL 60601

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Michael W. Dobbins, Clerk

J. Cervantes

(By) DEPUTY CLERK

May 2, 2008

Date



AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE 06/03/08
NAME OF SERVER (PRINT) Secretary of State	TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served: _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

☐ Returned unexecuted: _____

☒ Other (specify): Affidavit of Compliance for Service on Secretary of State

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____ Date _____ Signature of Server _____

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

Form BCA-5.25 (Rev. Jan. 2003)	AFFIDAVIT OF COMPLIANCE FOR SERVICE ON SECRETARY OF STATE UNDER THE BUSINESS CORPORATION ACT	File # <u>SASO-4819</u>
Jesse White Secretary of State Department of Business Services Springfield, IL 62756 217-524-6748 www.cyberdriveillinois.com	This space for use by Secretary of State. FILED JUN 03 2008 JESSE WHITE SECRETARY OF STATE	SUBMIT IN DUPLICATE
Remit payment in check or money order payable to Secretary of State.		Date: Filing Fee: \$10 Approved: <i>Ben</i>

1. Title and Number of Case:

Trustees of the Chicago Regional Council first named plaintiff
Rehab Construction Systems, Inc. first named defendant

Number 08cv2513

2. Name of corporation being served: Rehab Construction Systems, Inc.
3. Title of court in which an action, suit or proceeding has been commenced: U.S. District Court
4. Title of instrument being served: Summons and Complaint
5. Basis for service on the Secretary of State: (check and complete appropriate box)
- a. ☒ The corporation's registered agent cannot with reasonable diligence be found at the registered office of record in Illinois.
- b. ☐ The corporation has failed to appoint and maintain a registered agent in Illinois.
- c. ☐ The corporation was dissolved on _____, _____; the conditions of paragraphs (a) or (b) above exist; and the action, suit or proceeding has been instituted against or has affected the corporation within five (5) years thereafter.
- d. ☐ The corporation's authority to transact business in Illinois has been withdrawn/revoked (circle one) on _____, _____.
- e. ☐ The corporation is a foreign corporation that has transacted business in Illinois without procuring authority, contrary to the provisions of the Business Corporation Act of 1983.
6. Address to which the undersigned will cause a copy of the attached process, notice or demand to be sent by certified or registered mail: Mary Steward, Reg. Agt., 3931 S. Prairie, Chicago, IL 60653

7. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

David Lichtman

Signature of Affiant

May 27

Month & Day

2008

Year

(312)

251-9700

Telephone Number

Return to (please type or print clearly):

David P. Lichtman

Name

111 E. Wacker Dr., Suite 2600

Street

Chicago, IL 60601

City/Town

State

ZIP